

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5-20-05 2 Serial/Patent # 10/518683

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ <u>100.00</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	9 <u>19--1090</u>	
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>L. Hunter</u>		TITLE: <u>Finance Rep.</u>		
SIGNATURE: <u>Karen Hunter</u>		PHONE: <u>308-9140 x201</u>		
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B